

Agency Letterhead

MEMORANDUM

TO: Commonwealth's Attorney/Attorney General's Office

FROM: Commissioner, Department of Labor and Industry

DATE: _____

SUBJECT: ☐ Contested Case Review

Company Name: _____

☐ Significant Case Review

Inspection #: _____

NOTE: This review is conducted solely for the benefit of the Commonwealth's Attorney and/or the Office of the Attorney General, and is protected from disclosure under the Freedom of Information Act by the Attorney General-client Privilege.

Please Review this case as it contains the following issue(s):

☐ Willful/criminal Violation

☐ Willful Case Suitable for Egregious Penalties

☐ Fatality/Catastrophe

☐ Case Identified by Office of Legal Support as being of significant concern at a state level.

☐ Third Repeat Violation

☐ Ergonomics Case

☐ Other case identified by the Commissioner as significant

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Date Citation must be issued by: (6 months) ____ / ____ / ____

Employer's Position: (Summarize the employer's position on the items contested. Attach Informal Conference Notes or Employer Letter as appropriate. Continue on separate paper if more space is needed.)

COMMENTS:

DATE RECEIVED:

Compliance Manager:

____ / ____ / ____

Regional Director:

____ / ____ / ____

Program Director:

____ / ____ / ____

Technical Support:

____ / ____ / ____

Commissioner:

____ / ____ / ____

Commonwealth Attorney/Attorney General Office:

____ / ____ / ____